

APPLICATION FOR APPROVAL OF INDIVIDUAL TRAINING COURSES FOR MONTANA CONTINUING EDUCATION CREDIT

Instructions: This application must be completed BEFORE continuing education credits (CECs) for Montana water/wastewater operators will be granted. Mail the completed form to WATER/WASTEWATER OPERATOR CERTIFICATION, DEQ, Box 200901, Helena, MT 59620-0901 (Phone 406-444-4584). Notice of approval of this application must be obtained before continuing education credits will be allowed. Those wishing CECs for this course must complete and mail to the certification office a Continuing Education Credit Report Form.

NAME OF TRAINING COURSE:

TRAINING PROVIDER

ORGANIZATION NAME:

MAILING ADDRESS:

PHONE NUMBER:

NUMBER OF CONTACT HOURS FOR COURSE:

COURSE CONTENT
(NOTE: if course is not a normal operation or maintenance type of course, please have system supervisor complete back of this form.)

(An hour-by-hour agenda must be enclosed with this application. Show time allotted for registration, breaks, business)

COURSE WILL BE PRESENTED

DATE:

LOCATION:

FEES OR MEMBERSHIP REQUIRED TO ATTEND:

PRE-REQUISITES FOR TAKING THIS COURSE:

COURSE WILL BE APPLICABLE TO:

(Check all appropriate; inform operators at registration which types of certifications will receive CECs)

ALL CERTIFIED OPERATORS

WELL WATER SUPPLY OPERATORS

WATER DISTRIBUTION OPERATORS

WASTEWATER TREATMENT PLANT OPERATORS

WATER TREATMENT PLANT OPERATORS

WASTEWATER LAGOON OPERATORS

IS THIS A DUAL CEC COURSE? YES

NO

COURSE INSTRUCTOR(S)
NAME:

EDUCATION AND EXPERIENCE BACKGROUND: (include job title, degrees, work experience, applicable to teaching this course:

PERSON AUTHORIZED TO MONITOR AND VERIFY
ATTENDANCE OR COURSE COMPLETION

NAME:

SIGNATURE:

PHONE NUMBER:

PERSON REQUESTING COURSE APPROVAL

(Include operator number if certified)

NAME:

MAILING ADDRESS:

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For more information, contact Ashley Eichhorn, Water/Wastewater Certification, PO Box 200901, Helena, MT 59620-0901 (406/444-4584).

COURSE JUSTIFICATION FORM

SYSTEM NAME:

CLASSIFICATION OF SYSTEM:

NAME AND TITLE OF PERSON COMPLETING FORM (should be system supervisor):

ADDRESS:

JUSTIFICATION THAT THIS COURSE IS APPROPRIATE FOR CLASSIFICATION OF SYSTEM OPERATED:

SIGNATURE OF SYSTEM SUPERVISOR: